Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: MUTM-125866154 State: ArkansasLH

Advertising- URC6528_1108

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 40628

Standard Plans

Sub-TOI: MS05I.001 Plan A Co Tr Num: TRACY EMRICH State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Authors: Shelly Kaipust, tracy

emrich

Date Submitted: 10/21/2008 Disposition Status: Filed

Disposition Date: 11/24/2008

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising Status of Filing in Domicile:

Project Number: URC6528_1108 Date Approved in Domicile: Requested Filing Mode: Domicile Status Comments:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description: NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

URC6528_1108

URC6528-1_1108 (Reply Card)

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

This is a self-mailer ad that will be used to advertise a sample monthly premium. The self-mailer ad contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact our home office to request the ad be set up and printed. The home office will be responsible for inputting the correct variable information including the current premium and providing the final printed copy.

This ad will be used as a prospecting piece to generate potential sales leads.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold

Product and Advertising Compliance Consultant

Regulatory Affairs

Phone: 402-351-2654

Fax: 402-351-5298

E-mail: advfilings@mutualofomaha.com

te

Company and Contact

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Filing Contact Information

Tracy Emrich, Poduct & Compliance tracy.emrich@mutualofomaha.com

Advertising Specialist

4 - Regulatory Affairs Division (402) 351-3253 [Phone] Omaha, NE 68175 (402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska

Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance

Omaha, NE 68175 Group Name: State ID Number:

(402) 351-6420 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

United of Omaha Life Insurance Company \$50.00 10/21/2008 23364456

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Filed Stephanie Fowler 11/24/2008 11/24/2008

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Stephanie 11/14/2008 11/14/2008

Industry Fowler

Response

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108
Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Filed

Comment: Per our earlier conversation and the explaination in the Memorandum of Variability, I am marking this form as

"Filed".

Rate data does NOT apply to filing.

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Item Type Item Name Item Status Public Access

Supporting Document Memorandum of Variability Accepted for Yes

Informational Purposes

Form Medicare Supplement Advertisement and Filed Yes

Reply Card

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/14/2008
Submitted Date 11/14/2008
Respond By Date 12/15/2008

Dear Tracy Emrich,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Supplement Advertisement and Reply Card (Form)

Comment: Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove the "Age" column, as it would not be appropriate.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Form Schedule

Lead Form Number: URC6528_1108

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
Filed	URC6528_	_ Advertising Medicare	Initial			URC6528_11
	1108,	Supplement				08.pdf
	URC6528-	Advertisement and				
	1_1108	Reply Card				

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent (in OK, UM1-21398, UM4-21399, UM5-21400). These policies have exclusions, limitations and reductions. An outline of coverage is available upon request.

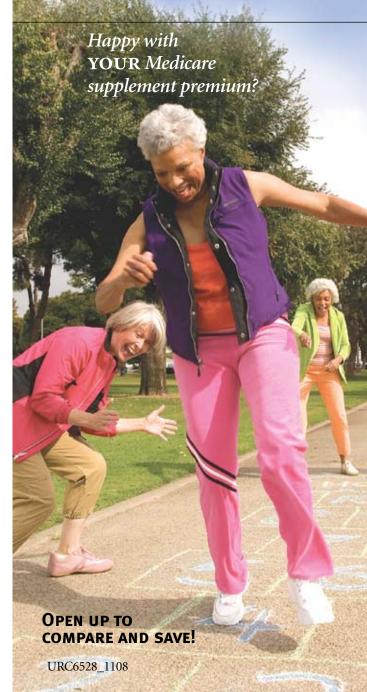
This is a solicitation of insurance and an insurance agent will contact you by telephone.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Medicare Supplement Insurance Policy







Medicare Supplement Insurance Policies

from United of Omaha Life Insurance Company

We offer you the **friendly customer service, financial value and security you seek**. So, you can relax and have some **fun.**

We've got you covered.

GO PLAY!

Compare and Save

United of Omaha Medicare Supplement Insurance Policy

FG		Monthly Premium*		
[State, ZIP Codes or	Age	Plan [Name]	Plan [Name]	
ZIP Codes	[age]	[rate]	[rate]	
Beginning With #s]	[age]	[rate]	[rate]	
	[age]	[rate]	[rate]	

^{*[}Appropriate state rate disclosure]

Free Rate Quote

For your no-obligation rate quote — including any applicable discount — on a United of Omaha Medicare supplement, contact your licensed insurance agent today!

[Name] [City] [Phone Number] [E-mail Address]

INFORMATION REQUES

Insurance Company's Medicare supplement insurance policies. I understand there is no cost or obligation for this service. Yes! Please contact me with information about United of Omaha Life

Best Time to Call

UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual *of* Omaha Company

UM5-21400). These policies have exclusions, limitations and reductions. An outline of coverage is policies are connected with or endorsed by the U.S. government or the federal Medicare program. Policy forms UM1, UM2, UM3, UM4, UM5 or state equivalent (in OK, UM1-21398, UM4-21399 NY. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in available upon request.

This is a solicitation of insurance and an insurance agent will contact you by telephone.

SERFF Tracking Number: MUTM-125866154 State: Arkansas

Filing Company: United of Omaha Life Insurance Company

State Tracking Number: 40628

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: TRACY EMRICH

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A

Standard Plans

Product Name: Medicare Supplement Advertising- URC6528_1108

Project Name/Number: Medicare Supplement Advertising/URC6528_1108

Supporting Document Schedules

Review Status:

Memorandum of Variability Accepted for Informational 11/24/2008

Purposes

Comments:

Satisfied -Name:

Attachment:

URC6528_1108 (MoV).pdf

VARIABLE MATERIAL FOR ADVERTISING FORM URC6528_1108

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

Rate Chart

* The rate chart is
"overprinted" on to each
piece. The "Age" column
will be removed from the
states that are not age rated.

Explanation

Header Row:

1. Input plans approved in the state or Zip code chosen.

Bottom Rows:

- 1. Column 1 Input ZIP code(s), state or area where ad approved.
- 2. Column 2 Choose an age 65 or older*
- 3. Columns 3 Input corresponding rate for the age, plan and state/or Zip code(s)

State Rate Disclosure

AR – Sample Base Rates; Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

CT – Sample Base Rates; Rates are subject to change.

IA, IL, KY, MI, NV, OH, OK, TN, VA - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

WV - Sample Base Rates: Female rates (male rates may be higher); Nontobacco rates (tobacco rates may be higher); rates are subject to change. Lower rates may apply, if eligible.

SC - Sample Base Rates: Female rates (male rates may be higher); Preferred rates (standard rates may be higher); Rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.

^{*}The overprint section of this form is set up by the home office to assure that the correct and current rates are used.